



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2021
OF THE CONDITION AND AFFAIRS OF THE

Health Alliance Plan of Michigan

(Name)

NAIC Group Code 1311 (Current Period) , 1311 (Prior Period) NAIC Company Code 95844 Employer's ID Number 38-2242827

Organized under the Laws of Michigan , State of Domicile or Port of Entry Michigan

Country of Domicile United States

Licensed as business type: Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity []
Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X]
Other [] Is HMO, Federally Qualified? Yes [X] No []

Incorporated/Organized 06/27/1978 Commenced Business 02/08/1979

Statutory Home Office 2850 West Grand Boulevard (Street and Number) , Detroit, MI, US 48202 (City or Town, State, Country and Zip Code)

Main Administrative Office 2850 West Grand Boulevard (Street and Number)

Detroit, MI, US 48202 (City or Town, State, Country and Zip Code) 313-872-8100 (Area Code) (Telephone Number)

Mail Address 2850 West Grand Boulevard (Street and Number or P.O. Box) , Detroit, MI, US 48202 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 2850 West Grand Boulevard (Street and Number)

Detroit, MI, US 48202 (City or Town, State, Country and Zip Code) 248-443-1093 (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.hap.org

Statutory Statement Contact Dianna L. Ronan CPA (Name) , 248-443-1093 (Area Code) (Telephone Number) (Extension)

dronan@hap.org (E-Mail Address) 248-443-8610 (Fax Number)

OFFICERS

| Name | Title | Name | Title |
|--------------------------------------|-------------------|--------------------------|---------------------|
| Michael Allen Genord M.D. | President and CEO | Robin Damschroeder # | Treasurer |
| Michelle Denise Johnson Tidjani Esq. | Secretary | Marjorie Ann Staten J.D. | Assistant Secretary |

OTHER OFFICERS

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

DIRECTORS OR TRUSTEES

| | | | |
|------------------------|----------------------------|----------------------------|--------------------------------|
| Shari Lee Burgess | Sandra A. Cavette MPH, RDH | Jeffrey A. Chaffkin | Mamatha Charmathi # |
| Caleb DeRosiers J.D. # | Denise G. Essenberg # | Michael Allen Genord M.D. | Jacalyn Sue Goforth |
| John K. Gorman | Joyce V. Hayes-Giles | Gregory Jackson # | Wright Lowenstein Lassiter III |
| Raymond Carmelo Lope' | Judith Stephanie Milosic | Adnan Radwan Munkarah M.D. | Felix M. Valbuena, Jr. M.D. # |
| | | | |
| | | | |

State of Michigan.....

County of Wayne.....

ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions* and *Accounting Practices* and *Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Michael Allen Genord M.D.
President and CEO

Robin Damschroeder
Treasurer

Michelle Denise Johnson Tidjani Esq.
Secretary

Subscribed and sworn to before me this
day of ,

a. Is this an original filing? Yes [X] No []
b. If no:
1. State the amendment number
2. Date filed
3. Number of pages attached

Roderick Irwin Curry, Notary
August 14, 2027

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Health Alliance Plan of Michigan

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

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EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

| Type of Health Care Receivable | Health Care Receivables Collected or Offset During the Year | | Health Care Receivables Accrued as of December 31 of Current Year | | 5 | 6 |
|---|--|---|--|--|---|---|
| | 1 On Amounts Accrued Prior to January 1 of Current Year | 2 On Claims Accrued During the Year | 3 On Amounts Accrued December 31 of Prior Year | 4 On Amounts Accrued During the Year | Health Care Receivables from Prior Years (Cols. 1 + 3) | Estimated Health Care Receivables Accrued as of December 31 of Prior Year |
| 1. Pharmaceutical rebate receivables | 18,170,965 | 65,376,934 | | 22,066,311 | 18,170,965 | 17,606,821 |
| 2. Claim overpayment receivables | | | | | .0 | |
| 3. Loans and advances to providers | | | | | .0 | |
| 4. Capitation arrangement receivables | 18,720,841 | 324,603 | 703,885 | 4,489,287 | 19,424,726 | 16,327,028 |
| 5. Risk sharing receivables | | | | 3,427,100 | .0 | |
| 6. Other health care receivables | 34,255 | | | | 34,255 | 34,255 |
| 7. Totals (Lines 1 through 6) | 36,926,061 | 65,701,537 | 703,885 | 29,982,698 | 37,629,946 | 33,968,103 |

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

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EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

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EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

NONE

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

| | 1 | 2 | 3 | 4 | 5 | 6 |
|--|------------|--------------|--------------------------|------------------------------|---------------------|---------------------|
| Description | Cost | Improvements | Accumulated Depreciation | Book Value Less Encumbrances | Assets Not Admitted | Net Admitted Assets |
| 1. Administrative furniture and equipment | 16,472,887 | | 12,225,980 | 4,246,907 | 4,246,907 | |
| 2. Medical furniture, equipment and fixtures | | | | | | |
| 3. Pharmaceuticals and surgical supplies | | | | | | |
| 4. Durable medical equipment | | | | | | |
| 5. Other property and equipment | | | | | | |
| 6. Total | 16,472,887 | 0 | 12,225,980 | 4,246,907 | 4,246,907 | 0 |



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Health Alliance Plan of Michigan

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

| | | | | | | | | | | | | | | | |
|---|--|---------------|--|---------------------------------------|--|----------------------|--|------------------------|--|----------------|--|----------------|--|--|--|
| REPORT FOR: 1. CORPORATION | | | | Health Alliance Plan of Michigan | | | | 2. | | | | (LOCATION) | | | |
| NAIC Group Code | | 1311 | | BUSINESS IN THE STATE OF Michigan | | DURING THE YEAR 2021 | | NAIC Company Code | | 95844 | | | | | |
| | | 1 | | Comprehensive (Hospital & Medical) | | 4 | | 5 | | 6 | | 7 | | 8 | |
| | | 2 | | 3 | | | | | | | | | | 9 | |
| | | Total | | Individual | | Group | | Medicare Supplement | | Vision Only | | Dental Only | | Federal Employees Health Benefit Plan | |
| | | | | | | | | | | | | | | Title XVIII Medicare | |
| | | | | | | | | | | | | | | Title XIX Medicaid | |
| | | | | | | | | | | | | | | | |
| Total Members at end of: | | | | | | | | | | | | | | | |
| 1. Prior Year | | 178,320 | | 3,355 | | 94,546 | | | | | | 11,955 | | 68,464 | |
| 2. First Quarter | | 176,570 | | 3,085 | | 92,281 | | | | | | 11,472 | | 69,732 | |
| 3. Second Quarter | | 175,299 | | 3,010 | | 91,298 | | | | | | 11,296 | | 69,695 | |
| 4. Third Quarter | | 173,883 | | 2,952 | | 89,885 | | | | | | 11,179 | | 69,867 | |
| 5. Current Year | | 173,374 | | 2,813 | | 89,617 | | | | | | 11,072 | | 69,872 | |
| 6. Current Year Member Months | | 2,102,928 | | 35,993 | | 1,093,706 | | | | | | 135,694 | | 837,535 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | | | | |
| 7. Physician | | 1,383,285 | | 14,057 | | 531,227 | | | | | | 82,066 | | 755,935 | |
| 8. Non-Physician | | 1,761,110 | | 18,452 | | 676,992 | | | | | | 104,830 | | 960,836 | |
| 9. Total | | 3,144,395 | | 32,509 | | 1,208,219 | | 0 | | 0 | | 0 | | 186,896 | |
| | | | | | | | | | | | | | | 1,716,771 | |
| | | | | | | | | | | | | | | 0 | |
| | | | | | | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | 137,441 | | 438 | | 23,580 | | | | | | 2,926 | | 110,497 | |
| 11. Number of Inpatient Admissions | | 21,789 | | 92 | | 4,762 | | | | | | 591 | | 16,344 | |
| 12. Health Premiums Written (b)..... | | 1,511,489,028 | | 11,063,556 | | 558,483,542 | | | | | | 99,912,708 | | 842,029,222 | |
| 13. Life Premiums Direct..... | | 0 | | | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written..... | | 0 | | | | | | | | | | | | | |
| 15. Health Premiums Earned..... | | 1,511,489,028 | | 11,063,556 | | 558,483,542 | | | | | | 99,912,708 | | 842,029,222 | |
| 16. Property/Casualty Premiums Earned | | 0 | | | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | 1,401,070,427 | | 10,756,381 | | 502,354,272 | | | | | | 90,830,261 | | 797,129,513 | |
| 18. Amount Incurred for Provision of Health Care Services | | 1,443,411,279 | | 10,905,054 | | 516,485,835 | | | | | | 91,712,565 | | 824,307,825 | |

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$842,029,222



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Health Alliance Plan of Michigan

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Health Alliance Plan of Michigan 2. _____ (LOCATION)

| NAIC Group Code | 1311 | BUSINESS IN THE STATE OF Consolidated | | | DURING THE YEAR 2021 | | | | NAIC Company Code | | 95844 |
|---|---------------|---------------------------------------|-------------|------------------------|----------------------|----------------|--|-------------------------|-----------------------|-------|-------|
| | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | | 2 | 3 | | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | |
| Total Members at end of: | | | | | | | | | | | |
| 1. Prior Year | 178,320 | 3,355 | 94,546 | 0 | 0 | 0 | 11,955 | 68,464 | 0 | 0 | |
| 2. First Quarter | 176,570 | 3,085 | 92,281 | 0 | 0 | 0 | 11,472 | 69,732 | 0 | 0 | |
| 3. Second Quarter | 175,299 | 3,010 | 91,298 | 0 | 0 | 0 | 11,296 | 69,695 | 0 | 0 | |
| 4. Third Quarter | 173,883 | 2,952 | 89,885 | 0 | 0 | 0 | 11,179 | 69,867 | 0 | 0 | |
| 5. Current Year | 173,374 | 2,813 | 89,617 | 0 | 0 | 0 | 11,072 | 69,872 | 0 | 0 | |
| 6. Current Year Member Months | 2,102,928 | 35,993 | 1,093,706 | 0 | 0 | 0 | 135,694 | 837,535 | 0 | 0 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | |
| 7. Physician | 1,383,285 | 14,057 | 531,227 | 0 | 0 | 0 | 82,066 | 755,935 | 0 | 0 | |
| 8. Non-Physician | 1,761,110 | 18,452 | 676,992 | 0 | 0 | 0 | 104,830 | 960,836 | 0 | 0 | |
| 9. Total | 3,144,395 | 32,509 | 1,208,219 | 0 | 0 | 0 | 186,896 | 1,716,771 | 0 | 0 | |
| 10. Hospital Patient Days Incurred | 137,441 | 438 | 23,580 | 0 | 0 | 0 | 2,926 | 110,497 | 0 | 0 | |
| 11. Number of Inpatient Admissions | 21,789 | 92 | 4,762 | 0 | 0 | 0 | 591 | 16,344 | 0 | 0 | |
| 12. Health Premiums Written (b)..... | 1,511,489,028 | 11,063,556 | 558,483,542 | 0 | 0 | 0 | 99,912,708 | 842,029,222 | 0 | 0 | |
| 13. Life Premiums Direct..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 14. Property/Casualty Premiums Written..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 15. Health Premiums Earned..... | 1,511,489,028 | 11,063,556 | 558,483,542 | 0 | 0 | 0 | 99,912,708 | 842,029,222 | 0 | 0 | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 17. Amount Paid for Provision of Health Care Services | 1,401,070,427 | 10,756,381 | 502,354,272 | 0 | 0 | 0 | 90,830,261 | 797,129,513 | 0 | 0 | |
| 18. Amount Incurred for Provision of Health Care Services | 1,443,411,279 | 10,905,054 | 516,485,835 | 0 | 0 | 0 | 91,712,565 | 824,307,825 | 0 | 0 | |

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$842,029,222

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Health Alliance Plan of Michigan

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Health Alliance Plan of Michigan

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

[illegible]

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Schedule S - Part 4
NONE

Schedule S - Part 5
NONE

SCHEDULE S – PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

| | 1 2021 | 2 2020 | 3 2019 | 4 2018 | 5 2017 |
|---|-----------|-----------|-----------|-----------|-----------|
| A. OPERATIONS ITEMS | | | | | |
| 1. Premiums..... | 898 | 856 | 916 | 919 | 1,181 |
| 2. Title XVIII-Medicare..... | 237 | 181 | 125 | 104 | 36 |
| 3. Title XIX-Medicaid..... | 0 | 0 | 0 | 0 | 0 |
| 4. Commissions and reinsurance expense allowance..... | | 0 | 0 | 0 | 0 |
| 5. Total hospital and medical expenses..... | | 2,037 | 0 | 0 | (248) |
| B. BALANCE SHEET ITEMS | | | | | |
| 6. Premiums receivable | | 0 | 0 | 0 | 0 |
| 7. Claims payable..... | | 0 | 0 | 0 | 0 |
| 8. Reinsurance recoverable on paid losses..... | 2,520 | 1,350 | 0 | 23 | 243 |
| 9. Experience rating refunds due or unpaid..... | | 0 | 0 | 0 | 0 |
| 10. Commissions and reinsurance expense allowances due..... | | 0 | 0 | 0 | 0 |
| 11. Unauthorized reinsurance offset..... | 0 | 0 | 0 | 0 | 0 |
| 12. Offset for reinsurance with Certified Reinsurers..... | 0 | 0 | 0 | 0 | 0 |
| C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM) | | | | | |
| 13. Funds deposited by and withheld from (F)..... | 0 | 0 | 0 | 0 | 0 |
| 14. Letters of credit (L)..... | 0 | 0 | 0 | 0 | 0 |
| 15. Trust agreements (T)..... | 0 | 0 | 0 | 0 | 0 |
| 16. Other (O)..... | 0 | 0 | 0 | 0 | 0 |
| D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM) | | | | | |
| 17. Multiple Beneficiary Trust..... | 0 | 0 | 0 | 0 | 0 |
| 18. Funds deposited by and withheld from (F) | 0 | 0 | 0 | 0 | 0 |
| 19. Letters of credit (L)..... | 0 | 0 | 0 | 0 | 0 |
| 20. Trust agreements (T)..... | 0 | 0 | 0 | 0 | 0 |
| 21. Other (O) | 0 | 0 | 0 | 0 | 0 |

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

| | 1 | 2 | 3 |
|---|-------------------------------|----------------------------|------------------------------|
| | As Reported (net of ceded) | Restatement Adjustments | Restated (gross of ceded) |
| ASSETS (Page 2, Col. 3) | | | |
| 1. Cash and invested assets (Line 12) | 448,713,570 | | 448,713,570 |
| 2. Accident and health premiums due and unpaid (Line 15)..... | 29,483,013 | | 29,483,013 |
| 3. Amounts recoverable from reinsurers (Line 16.1)..... | 2,520,000 | | 2,520,000 |
| 4. Net credit for ceded reinsurance..... | XXX | 2,520,000 | 2,520,000 |
| 5. All other admitted assets (Balance)..... | 77,052,522 | | 77,052,522 |
| 6. Total assets (Line 28) | 557,769,106 | 2,520,000 | 560,289,106 |
| LIABILITIES, CAPITAL AND SURPLUS (Page 3) | | | |
| 7. Claims unpaid (Line 1)..... | 180,427,221 | 0 | 180,427,221 |
| 8. Accrued medical incentive pool and bonus payments (Line 2)..... | 18,373,966 | | 18,373,966 |
| 9. Premiums received in advance (Line 8)..... | 16,981,286 | | 16,981,286 |
| 10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount) | 0 | | 0 |
| 11. Reinsurance in unauthorized companies (Line 20 minus inset amount)..... | 0 | | 0 |
| 12. Reinsurance with Certified Reinsurers (Line 20 inset amount)..... | 0 | | 0 |
| 13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)..... | 0 | | 0 |
| 14. All other liabilities (Balance)..... | 153,620,444 | | 153,620,444 |
| 15. Total liabilities (Line 24)..... | 369,402,916 | 0 | 369,402,916 |
| 16. Total capital and surplus (Line 33)..... | 188,366,189 | XXX | 188,366,189 |
| 17. Total liabilities, capital and surplus (Line 34) | 557,769,106 | 0 | 557,769,106 |
| NET CREDIT FOR CEDED REINSURANCE | | | |
| 18. Claims unpaid..... | 0 | | |
| 19. Accrued medical incentive pool..... | 0 | | |
| 20. Premiums received in advance | 0 | | |
| 21. Reinsurance recoverable on paid losses | 2,520,000 | | |
| 22. Other ceded reinsurance recoverables | 0 | | |
| 23. Total ceded reinsurance recoverables | 2,520,000 | | |
| 24. Premiums receivable | 0 | | |
| 25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers | 0 | | |
| 26. Unauthorized reinsurance | 0 | | |
| 27. Reinsurance with Certified Reinsurers..... | 0 | | |
| 28. Funds held under reinsurance treaties with Certified Reinsurers..... | 0 | | |
| 29. Other ceded reinsurance payables/offsets | 0 | | |
| 30. Total ceded reinsurance payables/offsets | 0 | | |
| 31. Total net credit for ceded reinsurance | 2,520,000 | | |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Health Alliance Plan of Michigan

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

| | | Direct Business Only | | | | | |
|------------------------------------|-----------|--------------------------------|----------------------------------|---|--|------------------------|--------|
| | | 1 | 2 | 3 | 4 | 5 | 6 |
| States, Etc. | | Life (Group and Individual) | Annuities (Group and Individual) | Disability Income (Group and Individual) | Long-Term Care (Group and Individual) | Deposit-Type Contracts | Totals |
| 1. Alabama | AL | | | | | | .0 |
| 2. Alaska | AK | | | | | | .0 |
| 3. Arizona | AZ | | | | | | .0 |
| 4. Arkansas | AR | | | | | | .0 |
| 5. California | CA | | | | | | .0 |
| 6. Colorado | CO | | | | | | .0 |
| 7. Connecticut | CT | | | | | | .0 |
| 8. Delaware | DE | | | | | | .0 |
| 9. District of Columbia | DC | | | | | | .0 |
| 10. Florida | FL | | | | | | .0 |
| 11. Georgia | GA | | | | | | .0 |
| 12. Hawaii | HI | | | | | | .0 |
| 13. Idaho | ID | | | | | | .0 |
| 14. Illinois | IL | | | | | | .0 |
| 15. Indiana | IN | | | | | | .0 |
| 16. Iowa | IA | | | | | | .0 |
| 17. Kansas | KS | | | | | | .0 |
| 18. Kentucky | KY | | | | | | .0 |
| 19. Louisiana | LA | | | | | | .0 |
| 20. Maine | ME | | | | | | .0 |
| 21. Maryland | MD | | | | | | .0 |
| 22. Massachusetts | MA | | | | | | .0 |
| 23. Michigan | MI | | | | | | .0 |
| 24. Minnesota | MN | | | | | | .0 |
| 25. Mississippi | MS | | | | | | .0 |
| 26. Missouri | MO | | | | | | .0 |
| 27. Montana | MT | | | | | | .0 |
| 28. Nebraska | NE | | | | | | .0 |
| 29. Nevada | NV | | | | | | .0 |
| 30. New Hampshire | NH | | | | | | .0 |
| 31. New Jersey | NJ | | | | | | .0 |
| 32. New Mexico | NM | | | | | | .0 |
| 33. New York | NY | | | | | | .0 |
| 34. North Carolina | NC | | | | | | .0 |
| 35. North Dakota | ND | | | | | | .0 |
| 36. Ohio | OH | | | | | | .0 |
| 37. Oklahoma | OK | | | | | | .0 |
| 38. Oregon | OR | | | | | | .0 |
| 39. Pennsylvania | PA | | | | | | .0 |
| 40. Rhode Island | RI | | | | | | .0 |
| 41. South Carolina | SC | | | | | | .0 |
| 42. South Dakota | SD | | | | | | .0 |
| 43. Tennessee | TN | | | | | | .0 |
| 44. Texas | TX | | | | | | .0 |
| 45. Utah | UT | | | | | | .0 |
| 46. Vermont | VT | | | | | | .0 |
| 47. Virginia | VA | | | | | | .0 |
| 48. Washington | WA | | | | | | .0 |
| 49. West Virginia | WV | | | | | | .0 |
| 50. Wisconsin | WI | | | | | | .0 |
| 51. Wyoming | WY | | | | | | .0 |
| 52. American Samoa | AS | | | | | | .0 |
| 53. Guam | GU | | | | | | .0 |
| 54. Puerto Rico | PR | | | | | | .0 |
| 55. US Virgin Islands | VI | | | | | | .0 |
| 56. Northern Mariana Islands | MP | | | | | | .0 |
| 57. Canada | CAN | | | | | | .0 |
| 58. Aggregate Other Alien | OT | | | | | | .0 |
| 59. Totals | | 0 | 0 | 0 | 0 | 0 | 0 |

NONE

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Health Alliance Plan of Michigan

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|---------------------------------|-------------------|------------|--------------|-----|--|--|----------------------|----------------------------------|--|--|--|--|-------------------------------------|----|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Required? (Yes/No) | * |
| 01311 | Henry Ford Health Systems Group | 95844 | 38-2242827 | | | | Health Alliance Plan of Michigan | MI | RE | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health System | | 0 |
| | Henry Ford Health Systems Group | | 38-2513504 | | | | HAP Preferred Inc | | DS | Health Alliance Plan of Michigan | Ownership | 100.0 | Henry Ford Health System | YES | 0 |
| 01311 | Henry Ford Health Systems Group | 60134 | 38-3291563 | | | | Alliance Health and Life Insurance Company | MI | DS | Health Alliance Plan of Michigan | Ownership | 100.0 | Henry Ford Health System | NO | 0 |
| | Henry Ford Health Systems Group | | 38-2651185 | | | | Administration System Research Corporation | | DS | Health Alliance Plan of Michigan | Ownership | 100.0 | Henry Ford Health System | YES | 0 |
| 01311 | Henry Ford Health Systems Group | 95814 | 38-3123777 | | | | HAP Empowered Health Plan, Inc | MI | DS | Health Alliance Plan of Michigan | Ownership | 100.0 | Henry Ford Health System | NO | 0 |
| | Henry Ford Health Systems Group | | 38-1357020 | | | | Henry Ford Health System | | UDP | | | 0.0 | | | 0 |
| | Henry Ford Health Systems Group | | 38-2791823 | | | | Henry Ford Wyandotte Hospital Corp | | NIA | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health System | | 0 |
| | Henry Ford Health Systems Group | | 38-2947657 | | | | Henry Ford Macomb Hospital | | NIA | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health System | | 0 |
| | Henry Ford Health Systems Group | | 38-2947657 | | | | Henry Ford Macomb Real Estate, LLC | | NIA | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health System | | 0 |
| | Henry Ford Health Systems Group | | 38-2565235 | | | | Fairlane Health Services Corp | | NIA | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health System | | 0 |
| | Henry Ford Health Systems Group | | 33-1210726 | | | | Neighborhood Development LLC | | NIA | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health System | | 0 |
| | Henry Ford Health Systems Group | | 38-1958953 | | | | Metropolitan Detroit Area Hospital Services, Inc | | NIA | Henry Ford Health System | Ownership | 33.0 | Henry Ford Health System | | 0 |
| | Henry Ford Health Systems Group | | 90-0840304 | | | | Henry Ford Innovation Institute | | NIA | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health System | | 0 |
| | Henry Ford Health Systems Group | | 23-7383042 | | | | Henry Ford Health System Foundation | | NIA | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health System | | 0 |
| | Henry Ford Health Systems Group | | 32-0306774 | | | | Henry Ford Physician Network | | NIA | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health System | | 0 |
| | Henry Ford Health Systems Group | | 38-3232668 | | | | Northwest Detroit Dialysis Centers | | NIA | Henry Ford Health System | Ownership | 56.3 | Henry Ford Health System | | 0 |
| | Henry Ford Health Systems Group | | 45-5325853 | | | | Home Dialysis Specialty Center | | NIA | Henry Ford Health System | Ownership | 30.0 | Henry Ford Health System | | 0 |
| | Henry Ford Health Systems Group | | 26-0423581 | | | | Macomb Regional Dialysis Centers LLC | | NIA | Henry Ford Health System | Ownership | 60.0 | Henry Ford Health System | | 0 |
| | Henry Ford Health Systems Group | | 38-1378121 | | | | Sha Realty Corp | | NIA | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health System | | 0 |
| | Henry Ford Health Systems Group | | 90-0659735 | | | | Pace Southeast Michigan | | NIA | Henry Ford Health System | Ownership | 50.0 | Henry Ford Health System | | 0 |
| | Henry Ford Health Systems Group | | 26-3896897 | | | | Henry Ford West Bloomfield | | NIA | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health System | | 0 |
| | Henry Ford Health Systems Group | | 38-3322462 | | | | P Cor, LLC (d/b/a Optimeyes) | | NIA | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health System | | 0 |
| | Henry Ford Health Systems Group | | 41-2223561 | | | | Henry Ford Pathology | | NIA | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health System | | 0 |
| | Henry Ford Health Systems Group | | 46-5746225 | | | | Henry Ford Physicians Accountable Care Org LLC | | NIA | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health System | | 0 |

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Health Alliance Plan of Michigan

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|---------------------------------|-------------------|------------|--------------|-----|--|---|----------------------|----------------------------------|--|--|--|--|-------------------------------------|----|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Required? (Yes/No) | * |
| | Henry Ford Health Systems Group | | 30-0092342 | | | | Center for Complementary and Integrative Medicine | | NIA | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health System | | .0 |
| | Henry Ford Health Systems Group | | 46-4064067 | | | | Henry Ford Health Sys Government Affairs Services | | NIA | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health System | | .0 |
| | Henry Ford Health Systems Group | | | | | | Henry Ford Elijah McCoy Condominium Association | | NIA | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health System | | .0 |
| | Henry Ford Health Systems Group | | 46-5291602 | | | | HFHS-SCA Holdings, LLC | | NIA | Henry Ford Health System | Ownership | 49.0 | Henry Ford Health System | | .0 |
| | Henry Ford Health Systems Group | | 47-1436663 | | | | Michigan Metro Dialysis, LLC | | NIA | Henry Ford Health System | Ownership | 20.0 | Henry Ford Health System | | .0 |
| | Henry Ford Health Systems Group | | 98-0128041 | | | | Caymich Insurance Company, LTD | | IA | Henry Ford Health System | Ownership | 44.9 | Henry Ford Health System | | .0 |
| | Henry Ford Health Systems Group | | 41-2176000 | | | | IRB Medical Equipment, LLC | | NIA | Henry Ford Health System | Ownership | 35.5 | Henry Ford Health System | | .0 |
| | Henry Ford Health Systems Group | | 38-2666933 | | | | Med Star Ambulance | | NIA | Henry Ford Health System | Ownership | 33.0 | Henry Ford Health System | | .0 |
| | Henry Ford Health Systems Group | | 26-3421732 | | | | Macomb County EMS Medical Control Authority | | NIA | Henry Ford Health System | Ownership | 33.0 | Henry Ford Health System | | .0 |
| | Henry Ford Health Systems Group | | 37-1502443 | | | | Community Health Technology Network | | NIA | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health System | | .0 |
| | Henry Ford Health Systems Group | | | | | | HFHS-Acadia Joint Venture, LLC | | NIA | Henry Ford Health System | Ownership | 20.0 | Henry Ford Health System | | .0 |
| | Henry Ford Health Systems Group | | | | | | G3 Pharmaceuticals | | NIA | Henry Ford Health System | Ownership | 5.0 | Henry Ford Health System | | .0 |
| | Henry Ford Health Systems Group | | | | | | Semita | | NIA | Henry Ford Health System | Ownership | 20.0 | Henry Ford Health System | | .0 |
| | Henry Ford Health Systems Group | | | | | | Cottage Condominium Association | | NIA | Henry Ford Health System | Ownership | 33.0 | Henry Ford Health System | | .0 |
| | Henry Ford Health Systems Group | | | | | | KARETech Medical Devices | | NIA | Henry Ford Health System | Ownership | 5.0 | Henry Ford Health System | | .0 |
| | Henry Ford Health Systems Group | | | | | | PRAM Holdings, LLC | | NIA | Henry Ford Health System | Ownership | 4.6 | Henry Ford Health System | | .0 |
| | Henry Ford Health Systems Group | | | | | | Truveta, Inc | | NIA | Henry Ford Health System | Ownership | 14.7 | Henry Ford Health System | | .0 |
| | Henry Ford Health Systems Group | | 87-1633901 | | | | Henry Ford Physician Partners | | NIA | Henry Ford Health System | Ownership | 100.0 | Henry Ford Health System | | .0 |
| | Henry Ford Health Systems Group | | | | | | Henry Ford Recovery Care, LLC | | NIA | Henry Ford Health System | Ownership | 49.0 | Henry Ford Health System | | .0 |
| | Henry Ford Health Systems Group | | 86-1607139 | | | | HFHS - MSU Health Sciences | | NIA | Henry Ford Health System | Ownership | 50.0 | Henry Ford Health System | | .0 |
| | Henry Ford Health Systems Group | | | | | | CarePath Rx Holdings, Inc | | NIA | Henry Ford Health System | Ownership | 20.0 | Henry Ford Health System | | .0 |
| | Henry Ford Health Systems Group | | | | | | Henry Ford GoHealth Urgent Care Mgmt, LLC | | NIA | Henry Ford Health System | Ownership | 50.0 | Henry Ford Health System | | .0 |
| | Henry Ford Health Systems Group | | | | | | DePre Holdings, LLC | | NIA | Henry Ford Health System | Ownership | 2.3 | Henry Ford Health System | | .0 |
| | Henry Ford Health Systems Group | | | | | | ExPre Holdings, LLC | | NIA | Henry Ford Health System | Ownership | 7.7 | Henry Ford Health System | | .0 |

41.2

[illegible]

| Asterisk | Explanation |
|----------|-------------|
| | |

42

42

42

42

SCHEDULE Y

[illegible]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

1.

Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

.....YES.....
2.

Will an actuarial opinion be filed by March 1?

.....YES.....
3.

Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?

.....YES.....
4.

Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?

.....YES.....

APRIL FILING

5.

Will Management's Discussion and Analysis be filed by April 1?

.....YES.....
6.

Will the Supplemental Investment Risks Interrogatories be filed by April 1?

.....YES.....
7.

Will the Accident and Health Policy Experience Exhibit be filed by April 1?

.....YES.....

JUNE FILING

8.

Will an audited financial report be filed by June 1?

.....YES.....
9.

Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

.....YES.....

The following supplemental reports are required to be filed as part of your statement filing **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.** If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

10.

Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

.....NO.....
11.

Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

.....NO.....
12.

Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

.....SEE EXPLANATION.....
13.

Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
14.

Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
15.

Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

.....SEE EXPLANATION.....
16.

Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?

.....SEE EXPLANATION.....
17.

Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?

.....SEE EXPLANATION.....
18.

Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?

.....SEE EXPLANATION.....

APRIL FILING

19.

Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

.....NO.....
20.

Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

.....NO.....
21.

Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?

.....YES.....
22.

Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?

.....YES.....
23.

Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?

.....SEE EXPLANATION.....

AUGUST FILING

24.

Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

.....YES.....

Explanation:

12.

Not applicable
15.

Health Alliance Plan writes Medicare Part D through its Medicare Advantage Plan
16.

Not applicable
17.

Not applicable
18.

Not applicable
23.

Health Alliance Plan is not a member of the Michigan Life & Health Insurance Guaranty Association

Bar code:



13.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

9 5 8 4 4 2 0 2 1 3 7 1 0 0 0 0 0

14.

9 5 8 4 4 2 0 2 1 3 7 0 0 0 0 0 0

19.

9 5 8 4 4 2 0 2 1 3 0 6 0 0 0 0 0

20.

9 5 8 4 4 2 0 2 1 2 1 1 0 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

M005 Additional Aggregate Lines for Page 05 Line 47.
*REVEX2 - Capital and Surplus Account

| | | 1 | 2 |
|-------|---|--------------|------------|
| | | Current Year | Prior Year |
| 4704. | Correction of an Error in Adoption of SSAP No. 22R..... | 3,489,430 | 0 |
| 4705. | | | 0 |
| 4706. | | | 0 |
| 4797. | Summary of remaining write-ins for Line 47 from Page 05 | 3,489,430 | 0 |